

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

13715

State File No. ....

FILED APR 27 1953

BIRTH NO. ....

REG. DIST. NO. 88

PRIMARY REG. DIST. NO. 4151

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u> 0280			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) <u>ORLANDO MELVILLE PALMER</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16-1953</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-31-1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>8</u>		11. DAYS <u>15</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>BELMONT, OHIO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN PALMER</u>				13b. MOTHER'S MAIDEN NAME <u>RHOBA BAKER</u>			
14. NAME OF HUSBAND OR WIFE <u>RACHEL PALMER</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. RACHEL PALMER - STEELVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>22 mos</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>July</u> , 1952, to <u>April</u> , 1953, that I last saw the deceased alive on <u>April 15</u> , 1953, and that death occurred at <u>12:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. H. Campbell M.D.</u>				23b. ADDRESS <u>Steelville, Mo.</u>			
23c. DATE SIGNED <u>20 Apr 53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>4-18-53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>STEELVILLE CEMETERY</u>			
24d. LOCATION (City, town, or county) (State) <u>STEELVILLE, MO.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas S. Shultz - STEELVILLE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-24-53</u>				REGISTRAR'S SIGNATURE <u>R. H. Smith</u> 76			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1933

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thomas S. Hackett

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.